Name in Full: Maria Blake

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Talbot

Date of death: Month: Aug; Day: 1904

Age: Years: 10; Months: ; Days:

Sex:

Color or Race: Colored

Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Blake

Father's Birthplace: Md

Mother's Maiden Name: Helen Jones

Mother's Birthplace: Md

Name of person giving Information: Death

How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Julius A. Johnson

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Boulden

CERTIFICATE OF DEATH

MARYLAND

Died at: Williamsburg — Town — Talbot — County

Date of death: 1904 — Month: May — Day: 30 — Age: Years — Months — Days: 14

Sex: F — Color or Race: Black — Birth-place: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. Boulden Jr — Father's Birthplace: Md

Mother's Maiden Name: Minnie Thomas — Mother's Birthplace: Caroline Co, Md

Name of person giving Imformation: J. Boulden — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchio-pneumonia 2nd — How long: 5 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [illegible]

Address: Easton

Accident or Suicide?

1/05

LIBRARY BUREAU A2S516

Name in Full: Dora Davis Channey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: St Michaels — County: Talbot

Date of death 1904 — Month: Aug — Day: 5

Age — Years: 3 — Months: 5 — Days: 17

Sex: Female — Color or Race: Colored — Birthplace: St Michaels

Married, Single or Widowed: Infant — Occupation: ——

Name of Wife or Husband:

Father's Name: Emmals Channey — Father's Birthplace: St Michaels

Mother's Maiden Name: Sonsia Ellis — Mother's Birthplace: St Michaels

Name of person giving In formetion: Geo E Channey — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 months

Immediate: heart failure — How long:

Are the neme, ege, sex, color, date end plece correctly given above?

Signeture of Physician: J C W Davis

Address: St Michaels

Accident or Suicide?

LIBRARY BUREAU A66616

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Viola Chaney

Died at: Town: St Michaels — County: Talbot

Date of death 1904: Month: Aug — Day: 7 — Years: 11 — Months: 11 — Days: 25

Sex: Female — Color or Race: Colored — Birthplace: St Michaels

Married, Single or ~~Widowed~~: Infant — Occupation: — —

Name of Wife or Husband:

Father's Name: Ellens Chaney — Father's Birthplace: St Michaels

Mother's Maiden Name: Louisa Ellis — Mother's Birthplace: St Michaels

Name of person giving information: Geo E Chaney — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 7 Weeks

Immediate: Recent Evidence — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. D. Davis

Address: St Michaels

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles Gibson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wye Knights — County: Talbot

Date of death: 1904 — Month: August — Day: 26th — Friday

Age: Years: 54. — Months: 1. — Days: 7.

Sex: Male — Color or Race: Colored — Birthplace: Talbot Co.

Occupation: Coachman — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Lillie Gibson (wife)

Father's Name: John Gibson — Father's Birthplace: Talbot Co.

Mother's Maiden Name: Helen Clayton — Mother's Birthplace: Talbot Co.

Name of person giving Information: Mrs. James Fletcher Jr. — How related to deceased: Employer

TO BE ANSWERED BY NEAREST FRIEND

108

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Impaction of Bowel Caused by Water Melon Seed — How long: 48 Hrs

Immediate: Rupture of Bowel Caused by Swelling of Seed — How long: 24 Hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. F. Davidson

Address: Easton, Md

Accident or Suicide? I saw him first — a few hrs. before death

LIBRARY BUREAU A83014

W M

at Monmouth
Sunday 25th

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John H Harris

Died at: Town: near Royal Oak — County: Talbot

Date of death 1904: Month: Aug — Day: 12 — Age: Years: 60. — Months: — — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Talbot Co

Married, Single or Widowed: Widowed — Occupation: Farmer

Name of Wife or Husband: Sarrah Jane Harris

Father's Name: — — Father's Birthplace: Dor Co

Mother's Maiden Name: Harriet Compton — Mother's Birthplace: Dor Co

Name of person giving Information: Hebrew Simpson — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grip — How long: 6 wks

Immediate: Consumption — How long: 4 wks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Saml C Tilghman

Address: Royal Oak Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Daisy Viola Harvey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Michaels | County: Talbot

Date of death 1904: Month: 8 | Day: 17 | Age: Years: 1 | Months: 2 | Days: 1

Sex: Female | Color or Race: Black | Birthplace: St. Michaels Md

Married, Single or Widowed: Single | Occupation: none

Name of Wife or Husband: —

Father's Name: Alex Harvey | Father's Birthplace: St. Michaels Md

Mother's Maiden Name: Lela B. Haskins | Mother's Birthplace: St. Michaels Md

Name of person giving information: Margaret. Haskins | How related to deceased: Grand. mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero. Colitis | How long: 2 weeks

Immediate: Convulsions | How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Glascock

Address: St. Michaels Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Burnette Hughes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Easton; County: Talbot County

Date of death: 1904; Month: Aug 30; Day: Tuesday

Age: Years: 18; Months: 11; Days: 2

Sex: Female

Color or Race: White

Birthplace: Easton

Occupation: none

Where Residing if not at place of death: Easton

Single or Widowed

Name of Wife or Husband: [illegible]

Father's Name: Chas H. Hughes

Father's Birthplace: Easton Md

Mother's Maiden Name: Nettie B. Burnett

Mother's Birthplace: Baltimore Md

Name of person giving Imformation: A A Hughes

How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: Three Months

Immediate: Tuberculosis

How long: Three months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. H. Bateman

Address: Easton Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Easton — County: Talbot

Date of death 1904 — Month: Aug — Day: 23 — Age — Years: 0 — Months: 0 — Days: 0

Sex: Female — Color or Race: Negro — Birthplace: Md

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: Single — Name of Wife or Husband: X

Father's Name: Adison Johnson — Father's Birthplace: Md

Mother's Maiden Name: Mary Dobson — Mother's Birthplace:

Name of person giving Imformation: Adison Johnson — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born S. — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John B Fairbank, Autopsy Physician

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full

Ce tificate of Death

Joseph H. Matthews

Died at Town Trappe County Talbot MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
aug.	6	63	10	2[illegible]	Md.	Laborer.

Date 1907

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Mollie Matthews

Father's Name Thomas Matthews Mother's Maiden Name Hanna M. Troy

Cause of Death: Primary Chronic Nephritis — How long sick 2 weeks

Immediate Cerebral effusion

Accident, Suicide, Homicide

Reported by Wm S. Seymour

Address Trappe Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896

Name in Full Chas. Edward Morrie Meridith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Wye Mills — County: Talbot

Date of death 190 7 — Month: Aug. — Day: 10 — Age — Years: 1 — Months: — — Days: 28

Sex: Male — Color or Race: White — Birthplace: Queen Anne's

Occupation: Child — Where Residing if not at place of death: Wye Mills

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Thos Meridith — Father's Birthplace: Queen Anne Co.

Mother's Maiden Name: Minnie K Morrie — Mother's Birthplace: Queen Anne Co

Name of person giving Imformation: Thos Meridith — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero-Colitis — How long: 5 weeks

Immediate: Colapse — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Stack M.D.

Address: Wye Mills

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: James McKinley Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: St. Michaels — County: Talbot

Date of death 1904 — Month: Aug. — Day: 15 — Age: Years — Months: 13 — Days:

Sex: Male — Color or Race: Negro — Birthplace: St. Michaels

Occupation: — Where Residing if not at place of death: St. Michaels Md

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Chas. H. Miller — Father's Birthplace: Balto. Md.

Mother's Maiden Name: Emma A. Hopkins — Mother's Birthplace: St. Michaels

Name of person giving Imformation: Chas. H. Miller — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diseased Lungs — How long: 1 Year

Immediate: Pneumonia — How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: F. M. Eccles M. D.

Address: St. Michaels Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Oxford Town — Talbot County

Date of death 1904 — Month 8 — Day 22 — Age Years 1 — Months 2 — Days 7

Sex Female — Color or Race White — Birthplace Oxford

Occupation Infant — Where Residing if not at place of death "

Married, Single or Widowed Infant — Name of Wife or Husband —

Father's Name Michael Murphy — Father's Birthplace Ireland

Mother's Maiden Name Annie Rothe — Mother's Birthplace Md

Name of person giving Information Father — How related to deceased Father

105 1

CAUSES OF DEATH

Primary Enteric Colitis — How long 3 weeks

Immediate Heart-failure — How long one day.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician S. P. Roberts

Address Oxford Maryland

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A8818

Name in Full: Georgia Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton — County: Talbot

Date of death: Month: Aug — Day: 25 — 1904

Age: Years: 42 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: A

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute nephritis — How long: 6 weeks

Immediate: Heart failure — How long: ass'n causes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James A. Johnson

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full: William Smith Seymour

CERTIFICATE OF DEATH

MARYLAND

Died Town: near Trappe

County: Talbot

Date of death: Month 8, Day 29, 1904

Age: Years —, Months —, Days 19

Sex: Male

Color or Race: White

Birthplace: Talbot Co, Md

Occupation: ~~~

Where Residing if not at place of death: ~~~

Married, Single or Widowed: Single

Name of Wife or Husband: ~~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Richard Seymour

Father's Birthplace: Talbot Co Md

Mother's Maiden Name: Mary Lizzie Sue Dowell

Mother's Birthplace: Talbot Co, Md

Name of person giving In formation: John R Seymour

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — 15 days

How long: Since birth

Immediate: ~~~

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph A Ross M D

Address: Trappe, Talbot Co, Md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: William John Shoemaker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Easton; County: Talbot

Date of death: Month: Aug; Day: 26; 1904

Age: Years: 61; Months: 6; Days: 9

Sex: Male

Color or Race: White

Birthplace: Talbot Co., Md

Occupation: R. R. Agent

Where Residing if not at place of death: —

Married, Single or Widowed: Widower

Name of Wife or Husband:

Father's Name: Jesse E. Shoemaker

Father's Birthplace: Talbot Co., Md

Mother's Maiden Name: Jane Leonard

Mother's Birthplace: Talbot Co., Md

Name of person giving Imformation: Mary Shoemaker

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever

How long: 12 days

Immediate: Coma

How long: 4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John Merritt

Address: Easton, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

Albert Smith

Died at Town: Trappe — County: Talbot — MARYLAND

Date 1904 — Month: 8 — Day: 7 | Age: Y. 4 M. Months D. | Native of: Md. | Occupation: —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name: don't Know — Mother's Maiden Name: Martha Smith

Cause of Death — Primary: Diarrhea. — Immediate: Exhaustion — How long sick: about a month — ~~Accident, Suicide, Homicide~~

Reported by: James S. Chaplain M. D.

Address: Trappe, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Ce tificate of Death

Edward B. Strut

Died at Town: New Trappe County: Talbot MARYLAND

Date 1904 Month: August Day: 25 | Age Y.: 85 M.: 7 D.: 24 | Native of: Md. | Occupation: Farmer.

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband ~~Wife~~ of Catharine S. Casperson

Father's Name Edward Strut Mother's Maiden Name Sarah ——.

Cause of Death — Primary: Cancer of Intestines — How long sick: 2 years.

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by James S. Chapland

Address Trappe, Md.

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Chas. W. Sullivan,

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Matthews — County: Talbot

Date of death 1904 — Month: Aug. — Day: 30 — Age: Years 69 — Months 10 — Days

Sex: male — Color or Race: white — Birthplace: Caroline Co.

Occupation: farmer — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Helen Dudley Covey

Father's Name: John Sullivan — Father's Birthplace:

Mother's Maiden Name: Nancy Eaton — Mother's Birthplace:

Name of person giving Imformation: Leila Sullivan Adams — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 8 months

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. R. Lippe M.D.

Address: Easton Md

~~Accident or Suicide?~~

LIBRARY BUREAU A68916

Easton

Sept 1st

Name in Full: Edna May Thom

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Easton — County: Talbot

Date of death: 1904 — Month: Aug — Day: 30 — Age: Years — Months — Days: 39

Sex: Female — Color or Race: white — Birthplace: Easton, Md.

Occupation: infant — Where Residing if not at place of death: Easton Md

Married, Single or Widowed: single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Herman F. Thom — Father's Birthplace: Germany

Mother's Maiden Name: Louise Sirman — Mother's Birthplace: Maryland

Name of person giving Imformation: Herman F. Thom — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Immature birth — How long: 39 days

Immediate: Exhaustion — How long: 39 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. F. Davidson

Address: Easton, Md.

Accident or Suicide?

LIBRARY BUREAU A83016

Enclosure

Aug 21st

Name in Full: Louise Trainor

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Near Queen Anne — County: Talbot

Date of death 1904 — Month: Aug — Day: 11 — Age — Years: 1 — Months: 0 — Days: 8.

Sex: Female. — Color or Race: Black — Birthplace: Virginia

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Alex Trainor — Father's Birthplace: Va.

Mother's Maiden Name: Martha Chambers — Mother's Birthplace: Va.

Name of person giving information: Alex Trainor — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 4 days.

Immediate: Convulsions — How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm Miller

Address: Hillsboro

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Lillian May Warner

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Easton — County: Talbot

Date of death	Month	Day	Age: Years	Months	Days
1904	Aug	8	0	2	25

Sex	Color or Race	Birthplace
Female	white	Md.

Occupation: none

Where Residing if not at place of death: X

Married, Single or Widowed: Single

Name of Wife or Husband: X

Father's Name	Edgar T. Warner	Father's Birthplace	Md
Mother's Maiden Name	Ida May Willis	Mother's Birthplace	Md
Name of person giving Imformation	Edgar T. Warner	How related to deceased	Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Enteric Colitis	How long	10 days
Immediate	Exhaustion	How long	after hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E R Tippe

Address: Easton Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Hurulta Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oxford — County: Talbot-Co

Date of death 1904: Month: 8 — Day: 7 — Age: Years: — Months: — Days: 2

Sex: Female — Color or Race: Black — Birthplace: Oxford

Occupation: Infant — Where Residing if not at place of death: Oxford

~~Married~~ Single ~~or Widowed~~ — Name of Wife or Husband:

Father's Name: Spencer Young — Father's Birthplace: Talbot-Co

Mother's Maiden Name: Joanna M. Jenkins — Mother's Birthplace: " "

Name of person giving Information: Father Spencer Young — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abscess of Brain — How long: 2 days

Immediate: Convulsions — How long: 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. T. Roberts

Address: Oxford

Accident or Suicide?

M.D.

LIBRARY BUREAU A8931